

Name  
in  
Full

Pauline Branford

## CERTIFICATE OF DEATH

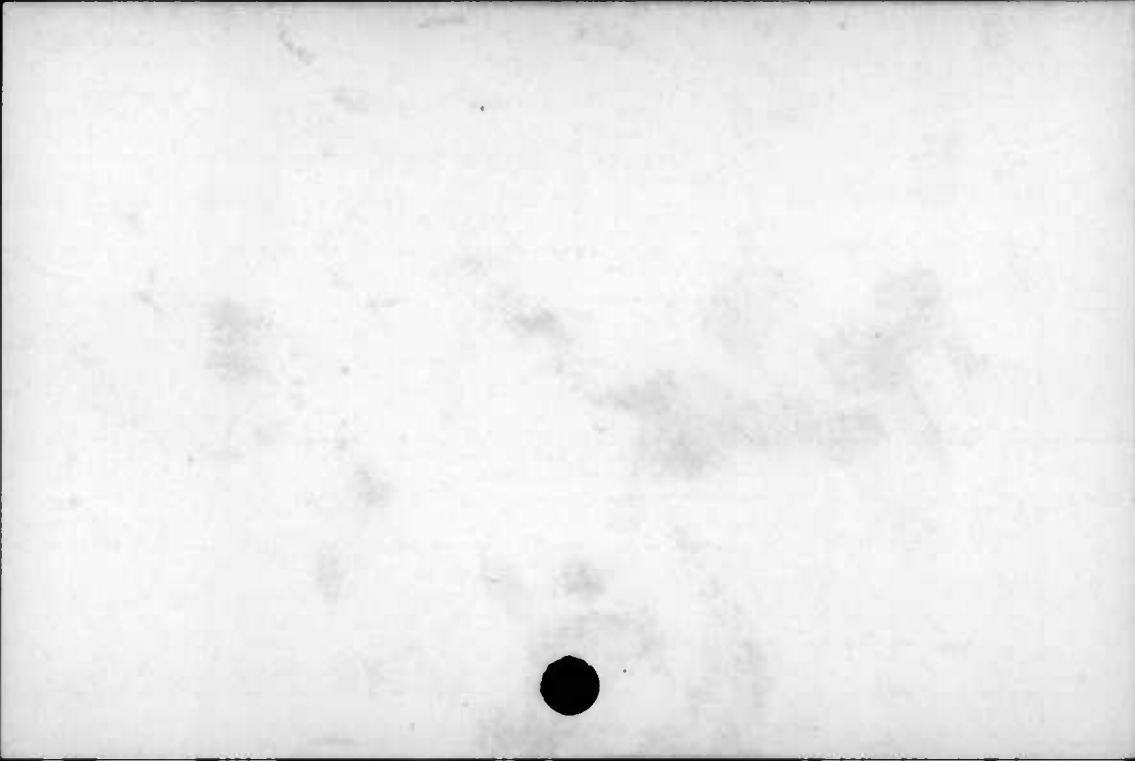
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Annapolis Neck <sup>County</sup> A.A. Co		MARYLAND	
Date of death	1905 Oct 21 <sup>st</sup>	Age	4 <sup>Years</sup> 5 <sup>Months</sup> 5 <sup>Days</sup>
Sex	Female	Color or Race	Colored
Occupation	Birth-place A.A. Co Md		
Where Residing if not at place of death		—	
Married, Single or <del>Married</del>	Name of Wife or Husband		
Father's Name	Edward Branford	Father's Birthplace	A.A. Co Md
Mother's Maiden Name	Idella Grayson	Mother's Birthplace	A.A. Co, Md
Name of person giving information	Edwd Branford	How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Croup	How long	8 days
Immediate	Acute Pneumonia	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm S. Welch
yes		Address	184 Duke of Gloucester St Annapolis Md
Accident or Suicide?		no	



Name  
in  
Full

Echel Brogden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>Hanover</i>		<sup>County</sup> <i>Anne Arundel</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>10</i>	Day	<i>20</i>
Sex	<i>Female</i>	Age	<i>10</i>	Years	<i>10</i>
Color or Race	<i>Black</i>	Birth-place	<i>Hanover Md</i>		
Occupation			Where Residing if not at place of death		
<del>Married, Single or Widowed</del>		<del>Name of Wife or Husband</del>			
Father's Name	<i>James Brogden</i>			Father's Birthplace	<i>Md</i>
Mother's Maiden Name	<i>Rebecca Marrs</i>			Mother's Birthplace	<i>Howard Co Md</i>
Name of person giving information	<i>James Brogden</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

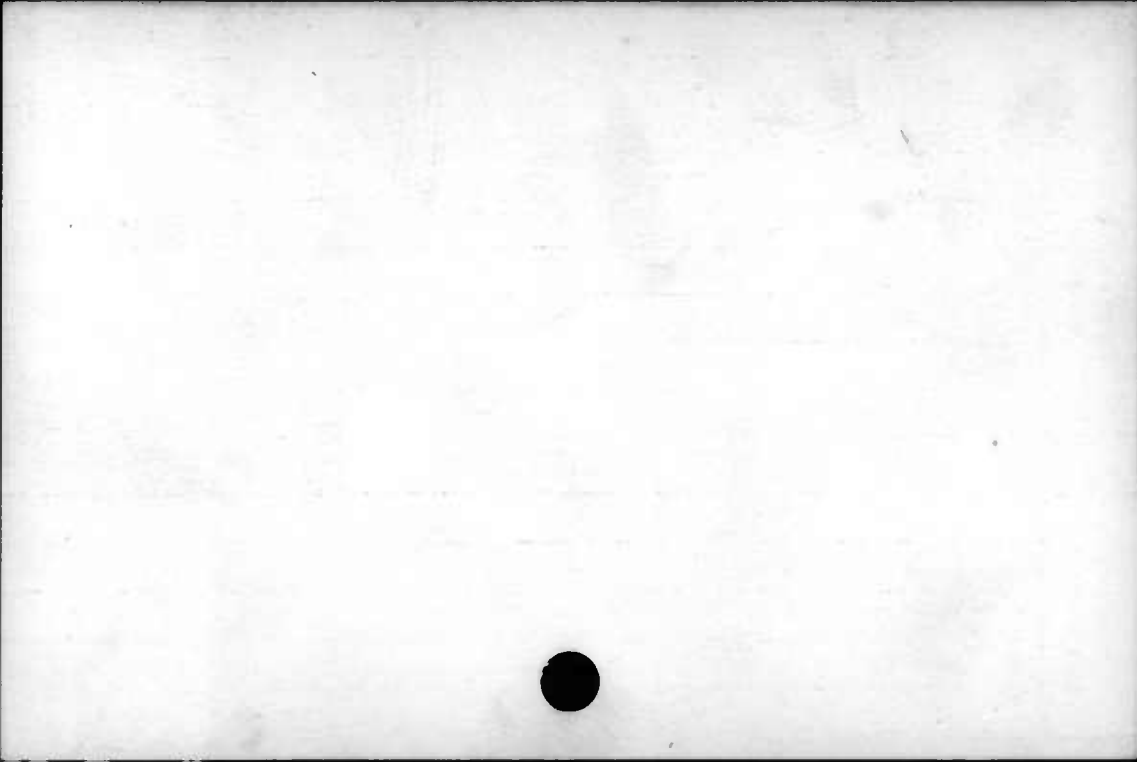
Primary	<i>Croup</i>	<i>(9)</i>	How long	<i>5 days</i>
Immediate	<i>strangulation</i>		How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		
Signature of Physician		<i>Harrison Tongue</i>		
Address		<i>Hanover Md</i>		
Accident or Suicide?				



Name in Full		Certificate of Death			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Annapolis</u> Town		County <u>At</u> MARYLAND	
		Date of death <u>1903</u> Month <u>Oct</u> Day <u>10</u> Age <u>31</u> Years	Months		Days
		Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Annapolis</u>	
		Occupation <u>House-wife</u>	Where Residing if not at place of death		
		Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Henry Brown</u>		
		Father's Name <u>Henry Brown</u>	Father's Birthplace <u>At</u>		
		Mother's Maiden Name <u>Alice Young</u>	Mother's Birthplace <u>Annapolis</u>		
		Name of person giving information <u>Henry Brown</u>	How related to deceased <u>Husband</u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary	<u>Psoas Abscess</u> <u>(30)</u>		How long	<u>Months</u>
	Immediate	<u>Exhaustion</u>		How long	<u>Gradual</u>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Ridout M.D.</u>		
	<u>yes</u>		Address <u>Annapolis Md</u>		
Accident or Suicide?					



Name in Full		Robert A. Brown				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis Md		County A.A.C		MARYLAND		
	Date of death		1905	Month Oct	Day 8	Age —		Months 4	Days —
	Sex		male		Color or Race		Colored	Birth-place	Annapolis Md
	Occupation				Where Residing if not at place of death			33 Acton Lane	
	Married, Single or Widowed		single		Name of Wife or Husband		—		
	Father's Name		Richard Brown		Father's Birthplace		Annapolis Md		
	Mother's Maiden Name		Estel Henderson		Mother's Birthplace		Annapolis Md		
Name of person giving information		Richard Brown		How related to deceased		father			
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Marasmus		How long		Since Birth		
	Immediate		Exhaustion		How long		—		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		John Ridout Md		
	Accident or Suicide?		—		Address		Annapolis Md		





Name  
in  
Full

Marion D Chaney

## CERTIFICATE OF DEATH

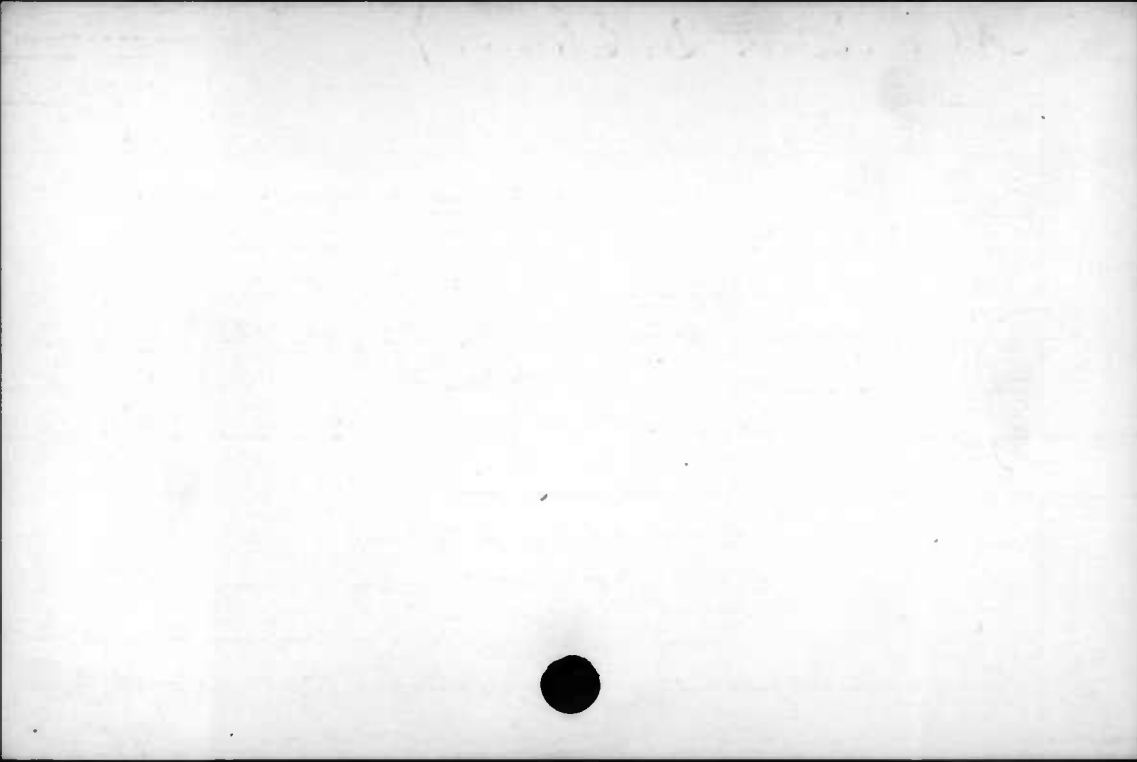
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Tus best</b>		County <b>Anne Arundel</b>		MARYLAND	
Date of death <b>1905</b>	Month <b>Oct.</b>	Day <b>2</b>	Years <b>77</b>	Months <b>7</b>	Days <b>10</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Prince Geo. Co. Md.</b>	
Occupation <b>Farmer</b>			Where Residing if not at place of death _____		
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Alberta Chaney</b>			
Father's Name <b>Richard G. Chaney</b>			Father's Birthplace <b>Prince Geo. Co. Md.</b>		
Mother's Maiden Name <b>Matilda Bouvall</b>			Mother's Birthplace <b>Prince Geo. Co. Md.</b>		
Name of person giving In formation <b>Richard G. Chaney</b>			How related to deceased <b>Son</b>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Bootic Aneurism</b>	How long <b>Don't know</b>
Immediate <b>Rupture and hemorrhage</b>	How long <b>Few minutes</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>H. Clement Bunde M.D.</b>
	Address <b>7 St. John College Annapolis, Md.</b>
Accident or Suicide? _____	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	190	Month	02	Day	22	Age	17
Sex		Color or Race		Birth-place		Months	
Female		White		Annapolis		3	
Occupation				Where Residing if not at place of death			
None				Annapolis			
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace		Mother's Birthplace	
Single		None		Annapolis		Annapolis	
Father's Name		Mother's Maiden Name		How related to deceased		Mother	
Lafayette Ballou		Sarah E. Popham		Sarah E. Ballou			
Name of person giving information							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis Pulmonary	How long	18 mos.
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Louis B. Threlkeld	
		Address	
		Annapolis	
Accident or Suicide?		No	



Robert Downs

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

10 27

Age

44

Maryland Laborer

Male

~~White~~~~Married~~

Widow

~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Arterio Sclerosis Aortic &amp; Mitral Insufficiency

How long sick

Death

Immediate

Thrombosis of Coronary Artery

Accident, Suicide, Homicide

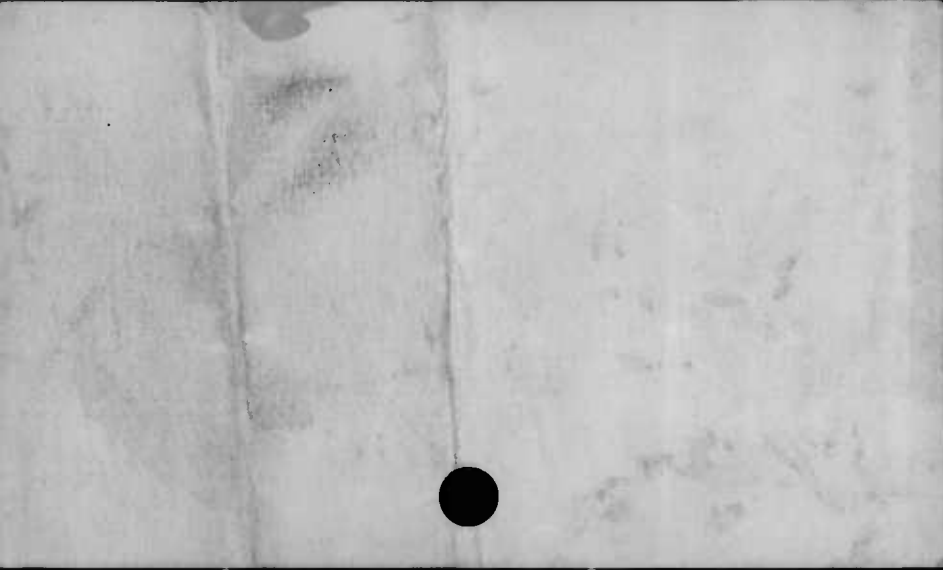
Reported by

Address

Sylvester L. Litchum, Jr. Coroner

Thos. P. Benson M.D. Wellham Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name

in  
Full

Caroline Curiale

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>German Town</i>		Town <i>2 Dis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1901	Month	Oct	Day	20	Years	Age 86
Sex	Female		Color or Race	White		Birth-place	Anne Arundel
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Widow		Name of Wife or Husband				
Father's Name	John H. Thomas					Father's Birthplace	MD
Mother's Maiden Name	Mary A. Warran					Mother's Birthplace	MD
Name of person giving information	Alice Hopkins					How related to deceased	None

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senility</i>	How long	<i>125</i>
Immediate	<i>Apoplexy</i>	How long	<i>1 year</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. Murphy, M.D.</i>
		Address	<i>Annapolis</i>
			<i>MD</i>
Accident or Suicide?			





Name  
in  
Full

Infant (not Christened) Gambrell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Harmons</i> Town		<i>Anne Huendel</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>October</i>	Day <i>10</i>	Age <i>8</i> Years	Months	Days <i>8</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Harmons</i>	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Emory Gambrell</i>			Father's Birthplace <i>At Cold</i>		
Mother's Maiden Name <i>Florence Spriggs</i>			Mother's Birthplace <i>At Cold</i>		
Name of person giving Information <i>Emory Gambrell</i>			How related to deceased <i>Father</i>		

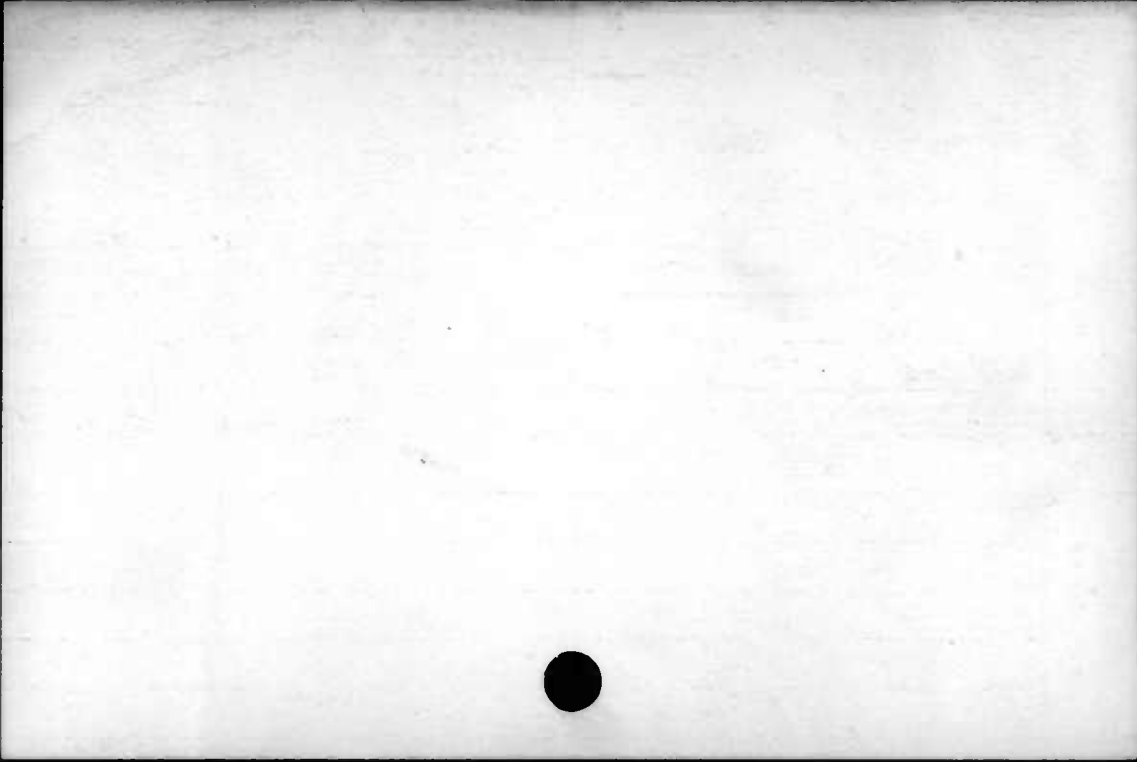
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Convulsions</i>	How long <i>12</i>
Immediate <i>Convulsions</i>	How long <i>02</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. R. Winderson</i>
	Address <i>Hanover</i> <i>Ma</i>
Accident or Suicide?	



Name in Full		Tcwn				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		annapolis md		a. d. c.		MARYLAND					
		Date of death	190	Month	Oct	Day	9	Age	33	Months		Days	
		Sex	male		Color or Race	Colored		Birth-place	Annapolis md				
		Occupation	waiter		Where Residing if not at place of death		223 Lincoln Place						
		Married, Single or Widowed	single		Name of Wife or Husband								
PHYSICIAN OR CORONER		Father's Name		Charles H Green				Father's Birthplace		Annapolis md			
		Mother's Maiden Name		Wortham Allen				Mother's Birthplace		Annapolis md			
		Name of person giving information		Annie Green				How related to deceased		Sister			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Tuberculosis (2)				How long		Months			
		Immediate		Exhaustion				How long					
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		John Ridout M.D.					
		yes				Address		Annapolis Md					
		Accident or Suicide?											



Name  
in  
Full

Ida Gertrude Griner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Shady Side*

Town

*A. R.*

County

Date of death *1905*

Month

Day

Age

Years

Months

Days

Sex *Female*Color or  
Race*white*Birth-  
place*Shady Side Md*

Occupation

*none*Where Residing if not  
at place of deathMarried, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*John R. Griner*Father's  
Birthplace*Balls Blad*Mother's  
Maiden Name*Annie Eugia Parks*Mother's  
Birthplace*Md.*Name of person giving  
In formation*Eden Parks*How related  
to deceased*Grandmother*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Renal Hemorrhage*

How long

*10 days*

Immediate

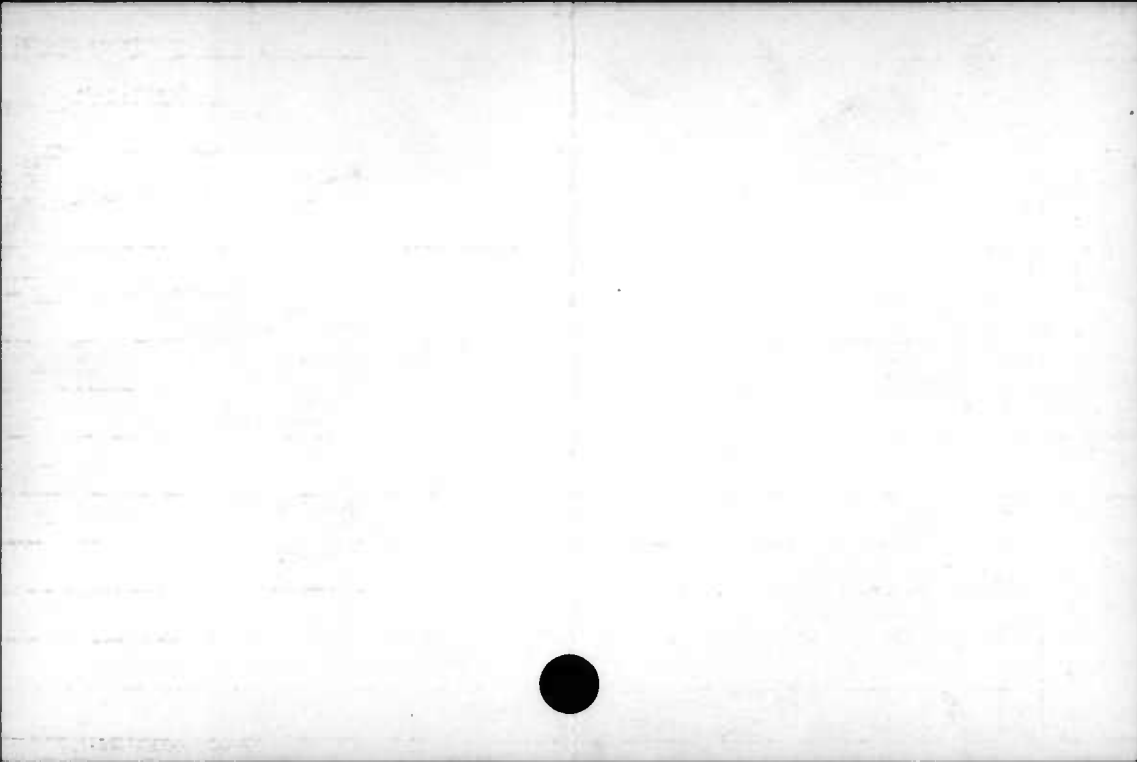
*Convulsions*

How long

*one day*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Geo. T. Dent**Churchton*Accident or Suicide? *—*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Lane Hall* *Welham* <sup>Town</sup>*Anne* <sup>County</sup> *Trundel*

MARYLAND

Date of death *1905* *10* <sup>Month</sup>*29* <sup>Day</sup>Age *8* <sup>Years</sup>*2* <sup>Months</sup>

Days

Sex *Female*Color or  
Race*Black*Birth-  
place*Anne Trundel* *Colle*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's Name *Edward Hall*Father's Birthplace *Anne Trundel* *Colle* *Md*Mother's Maiden Name *Ella Harris*Mother's Birthplace *Anne Trundel* *Colle* *Md*Name of person giving  
In formation *Edward Hall*How related  
to deceased *Father*

## CAUSES OF DEATH

Primary

*Phthisis*

How long

*10 mo*

Immediate

*Exhaustion*

How long

*one week*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*C R Winkerson*

Address

*Hanover Md*

Accident or Suicide?





Name  
in  
Full

William Hugh Hamilton

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hamover</u> <small>Town</small>		<u>Anne Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	Month <u>10</u>	Day <u>13</u>	Age <u>40</u>	Months <u>2</u>	Days <u>28</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation			Where Residing if not at place of death <u>                    </u>		
Married, <del>Single</del> <u>Widowed</u>		Name of Wife <u>Ella Nora Hamilton</u> <del>Husband</del>			
Father's Name <u>Joseph T. Hamilton</u>			Father's Birthplace <u>Baltimore, Ind.</u>		
Mother's Maiden Name <u>Elizabeth Fleaharty</u>			Mother's Birthplace <u>Baltimore, Ind.</u>		
Name of person giving information <u>Ella Nora Hamilton</u>			How related to deceased <u>Wife</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Intestinal obstruction</u>	How long <u>Seven months</u>
Immediate <u>Inanition</u>	How long <u>one week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. A. Hammond</u>
	Address <u>Jessup, Maryland</u>
Accident or Suicide? <u>No</u>	



Name  
in  
Full

Ruby C. Jacobs.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundell</i>		MARYLAND	
Date of death	1908	Month	Oct	Day	23 <sup>d</sup>	Age	—
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>		Months	7
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Thomas Jacobs</i>				Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Mattie Drury</i>				Mother's Birthplace <i>St Marys Co</i>			
Name of person giving information <i>Thomas Jacobs</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>one week</i>
Immediate	<i>Asthma</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis B. Harkel Jr</i>	
		Address <i>Annapolis, Md</i>	
Accident or Suicide? <i>—</i>			

Drury

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

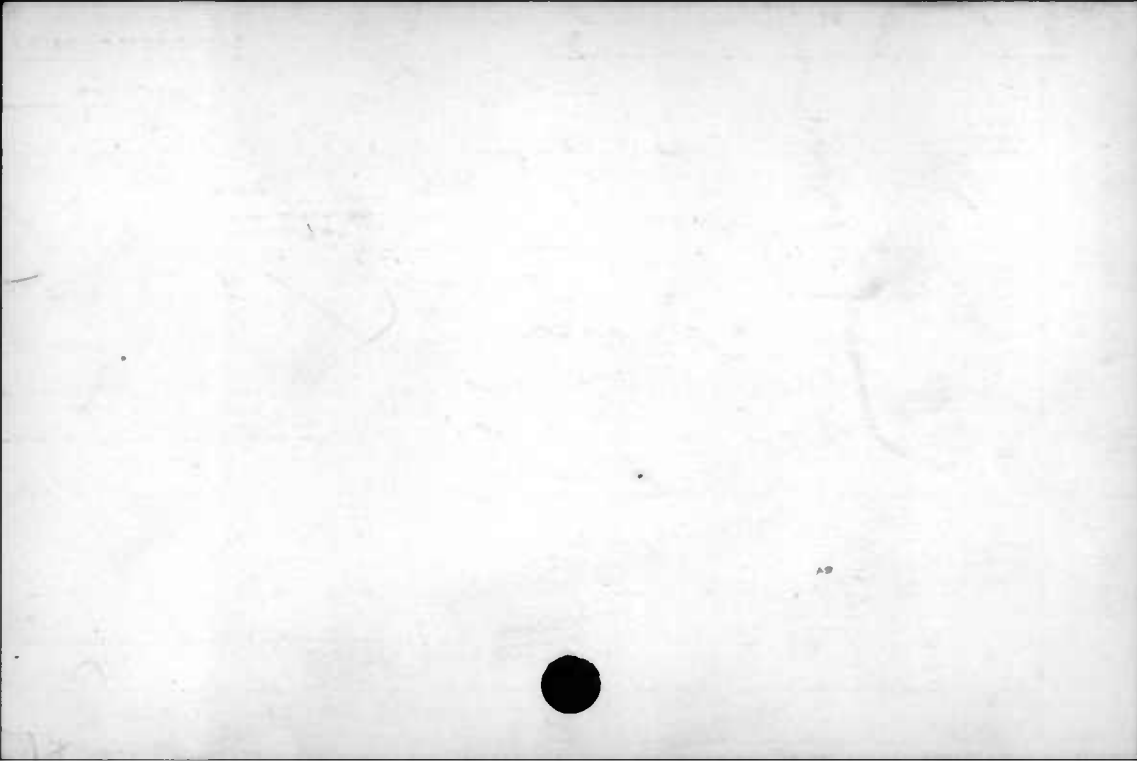
MARYLAND

Died at <i>Annabolls</i> <sup>Town</sup>		<i>a</i> <sup>County</sup>			
Date of death <i>1906</i>	<i>Oct.</i> <sup>Month</sup>	<i>3</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. Johnson</i>			Father's Birthplace <i>Annapolis</i>		
Mother's Maiden Name <i>Sarah Leane</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Sarah Gardner</i>			How related to deceased <i>Relation</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since Birth</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>Yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1905

Oct

24th

Age

Sex

Female

Color or  
Race

colored

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Samuel A Jones

Father's  
Birthplace

Annapolis

Mother's  
Maiden Name

Rebecca Johnson

Mother's  
Birthplace

At Co.

Name of person giving  
Information

Samuel A Johnson

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Still born

S.

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

yes

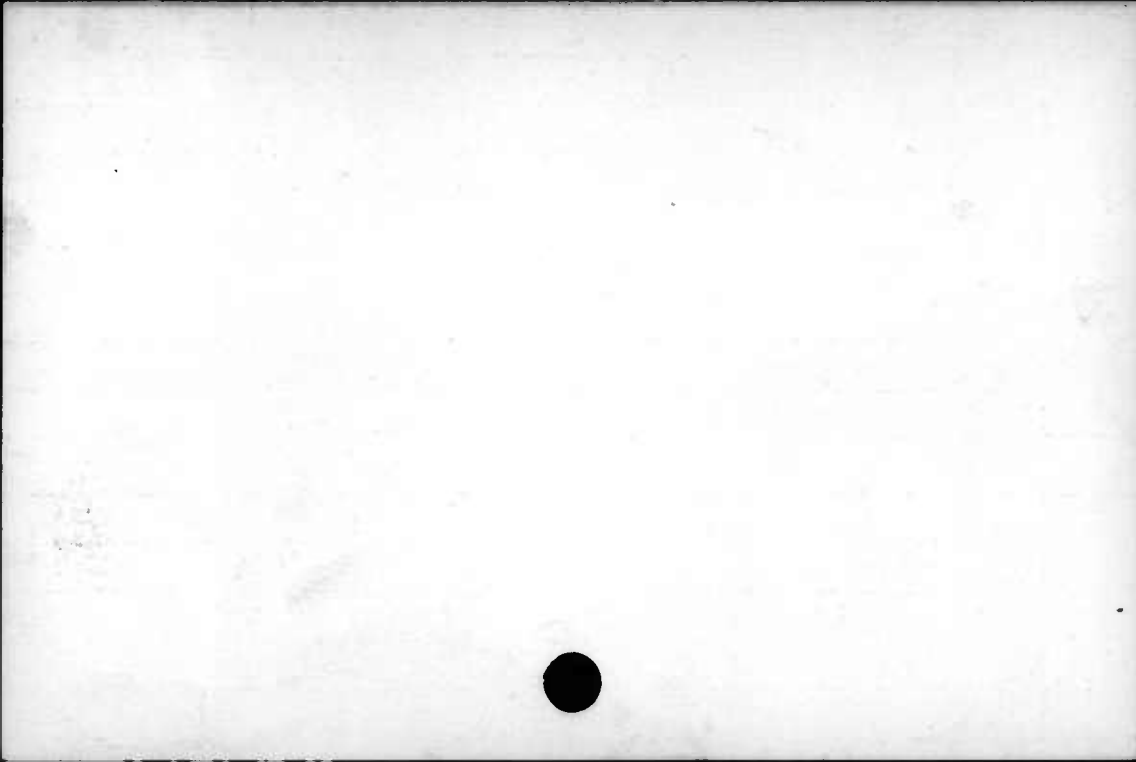
Signature of  
Physician

Address

John Ridout, M.D.

Annapolis  
Md

Accident or Suicide?





Name  
in  
Full

Regina C. Judy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis Anne Arundel County MARYLAND

Date of death 1905 Oct - 15 <sup>th</sup> Age 25 <sup>Years</sup> 9 <sup>Months</sup> 25 <sup>Days</sup>

Sex Female Color or Race White Birth-place Annapolis

Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Daniel S. Judy Father's Birthplace Ohio

Mother's Maiden Name Faith C. Lockyer Mother's Birthplace Annapolis

Name of person giving information D. E. Judy How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

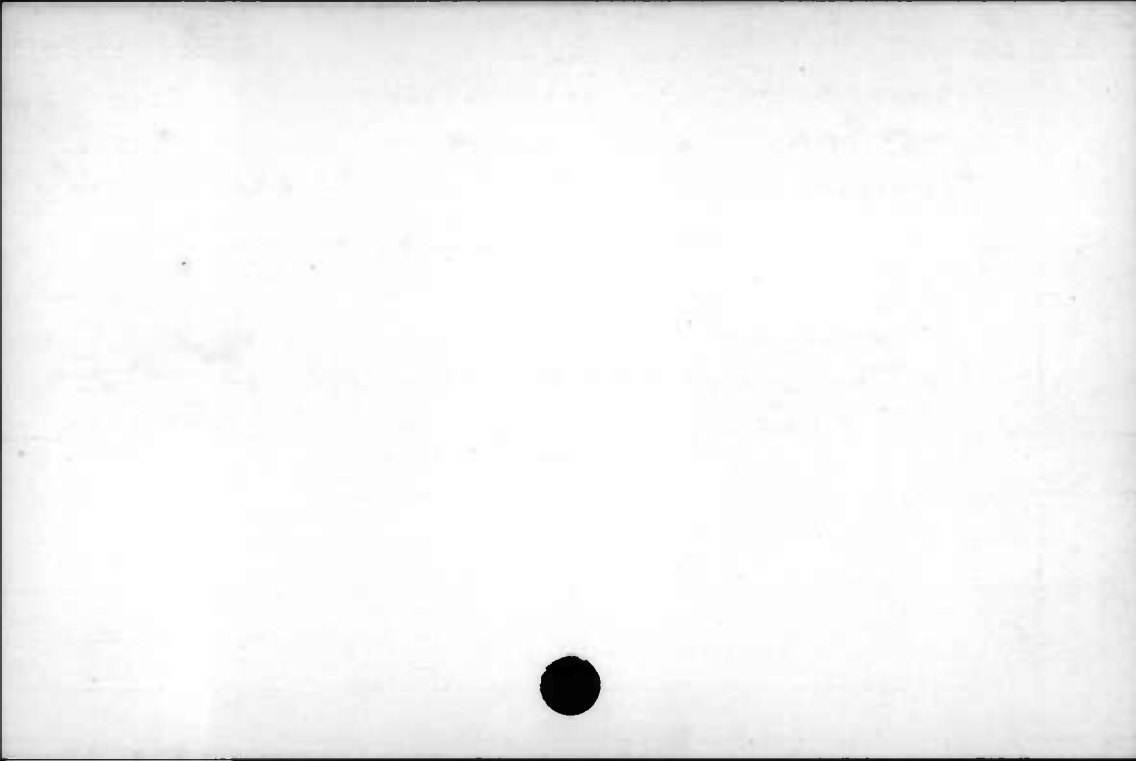
Primary Tuberculosis How long Three months

Immediate Exhaustion How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician H. Everett Cande M.D. Address 9 St. Johns St.

Accident or Suicide? \_\_\_\_\_ Annapolis, Md.



Name  
in  
Full

Still Born

Lane (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Annapolis* Town

*Anne Arundel* County

MARYLAND

Date of death *1905* Month *Dec.* Day *6* Age *—* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *Smithville*

Occupation *—* Where Residing if not at place of death *Smithville*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Richard Lane* Father's Birthplace *Adco.*

Mother's Maiden Name *Harriet Ford* Mother's Birthplace *Adco.*

Name of person giving information *Richard Lane* How related to deceased *father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

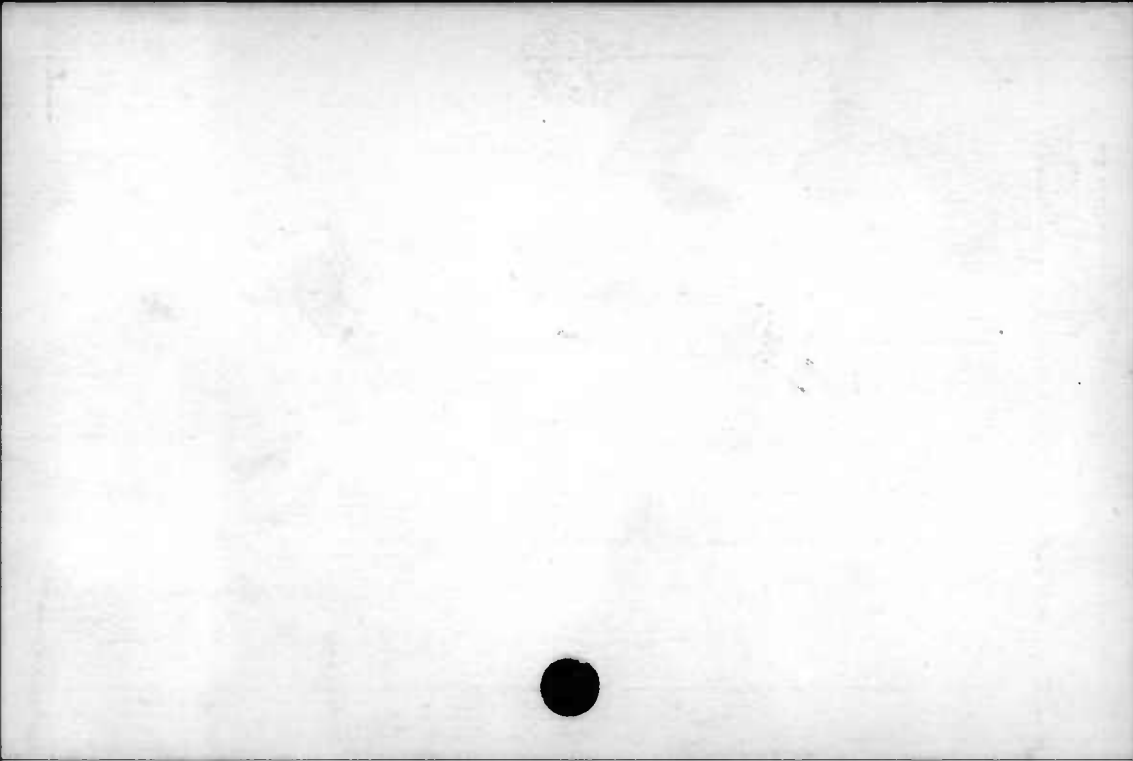
Primary *Still born - S.* How long *—*  
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name  
in  
Full

Lloyd Lowndes

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death <i>1905 Oct</i>		Month	Day	Age	Years
<i>27</i>		<i>66</i>			
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Exalt Co. Md.</i>			
Occupation <i>clerk</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Com. Charles Lowndes</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Sallie Scott Lloyd</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Mrs. Buchanan</i>	How related to deceased <i>Cousin</i>				

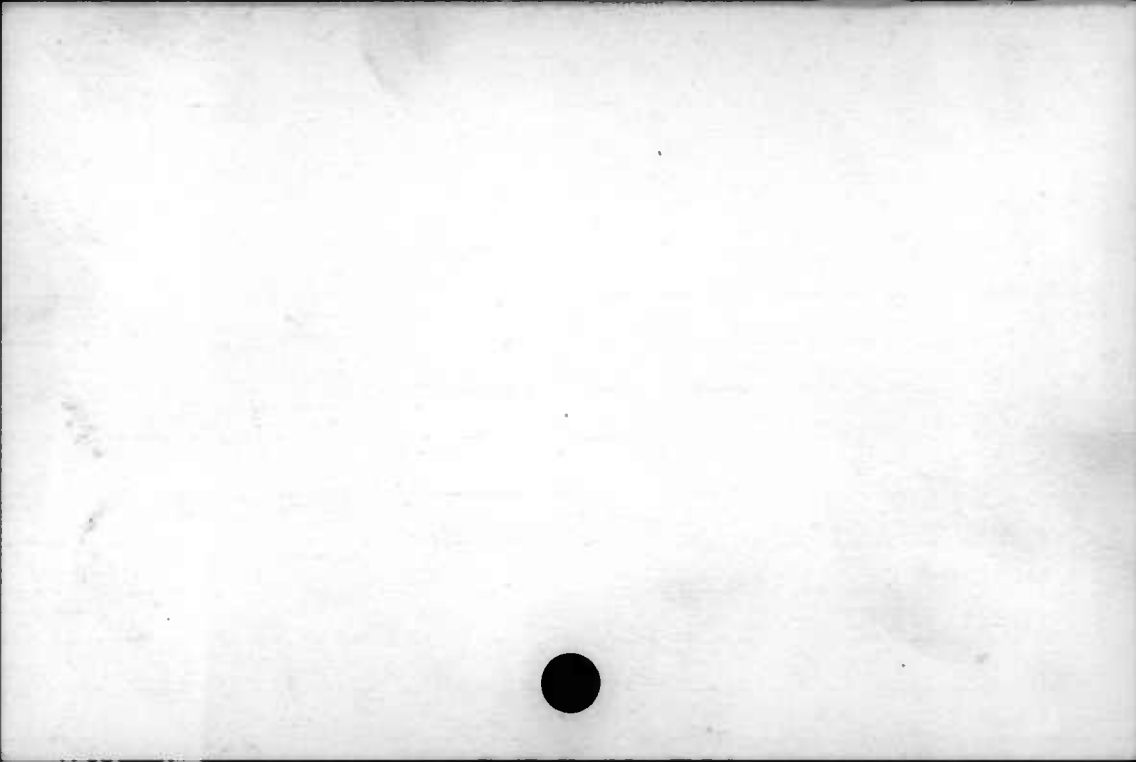
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute Alcoholism</i>	How long	<i>60</i>
Immediate	<i>Apoplexy (?)</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Oliver Parvis</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>no</i>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Annapolis</u> <small>Town</small>		<u>A.A. County</u> <small>County</small>		<b>MARYLAND</b>
	Date of death <u>1905</u>	<u>10<sup>th</sup></u> <small>Month</small>	<u>8<sup>th</sup></u> <small>Day</small>	Age <u>35</u> <small>Years</small>	<u>3 mos</u> <small>Months</small>
	Sex <u>Male</u>	Color or Race <u>Colored</u>	Birth-place <u>Annapolis, Md.</u>		
	Occupation <u>Laborer</u>	Where Residing <input checked="" type="checkbox"/> not at place of death			
	Married, Single or Widowed <u>Married</u>	Name of Wife or <del>Husband</del> <u>Annier Miller</u>			
	Father's Name <u>George Miller</u>	Father's Birthplace <u>Annapolis, Md.</u>			
	Mother's Maiden Name <u>Catherine Ross</u>	Mother's Birthplace <u>" "</u>			
	Name of person giving information <u>Wm. Miller</u>	How related to deceased <u>Brother</u>			
<b>CAUSES OF DEATH</b>					
PHYSICIAN OR CORONER	Primary	<u>Pulmonary Consumption</u>			How long <u>About one yr</u>
	Immediate	<u>" "</u>			How long
	Are the name, age, sex, color, date and place correctly given above?		<u>Yes</u>		Signature of Physician <u>J. Oliver Turner</u> Address <u>104 Prince Geo St</u> <u>Annapolis, Md.</u>
	Accident or Suicide?		<u>No</u>		





Name  
in  
Full

Rae Annanda Moss

## CERTIFICATE OF DEATH

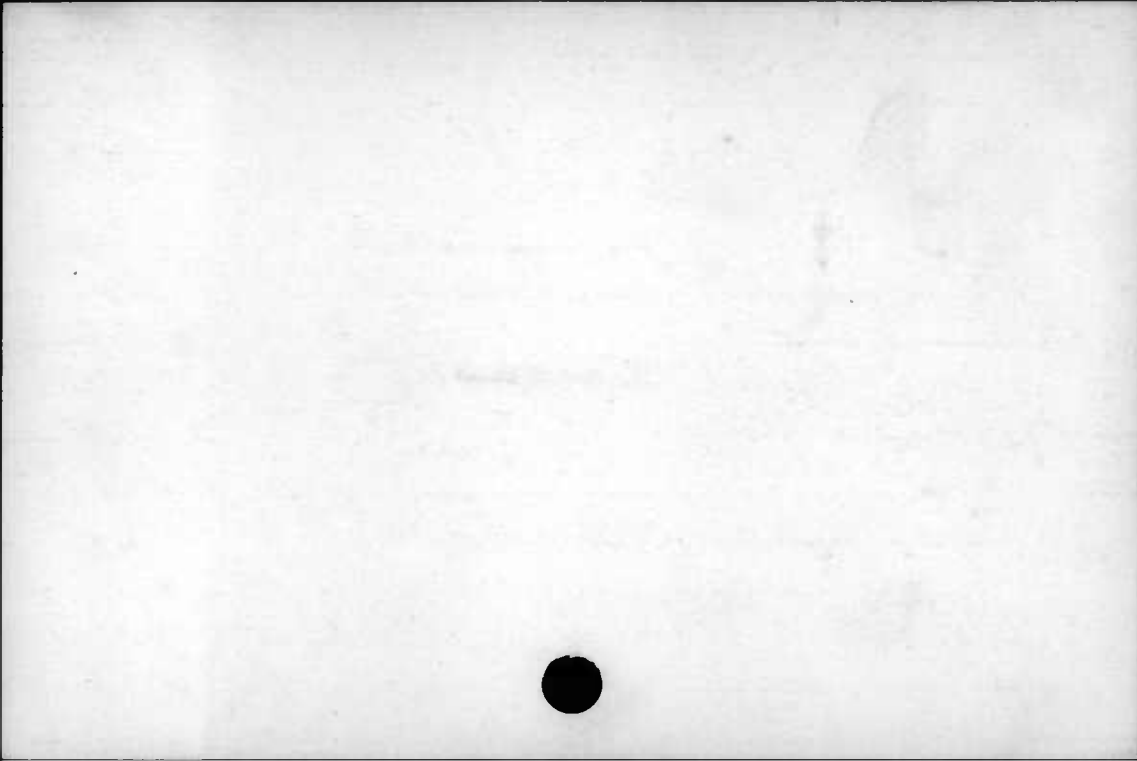
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>			County <u>Anne arundel</u>			MARYLAND		
Date of death <u>1905</u>	Month <u>Oct</u>	Day <u>7</u>	Age <u>10</u>	Years <u>10</u>	Months <u>1</u>	Days <u>1</u>		
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis, Md.</u>				
Occupation <u></u>			Where Residing if not at place of death <u></u>					
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u></u>					
Father's Name <u>William H. Moss</u>				Father's Birthplace <u>A.A. County</u>				
Mother's Maiden Name <u>Mary Ethel Baldwin</u>				Mother's Birthplace <u>" " "</u>				
Name of person giving information <u>William H. Moss</u>				How related to deceased <u>Father</u>				

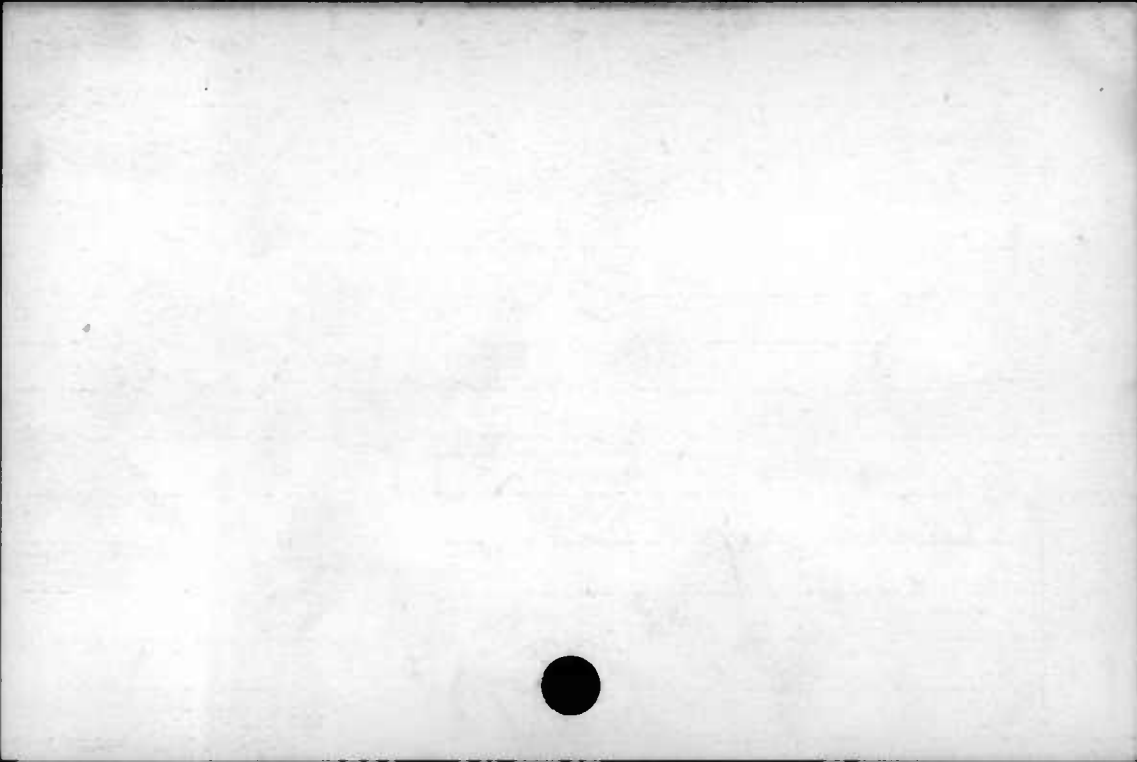
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

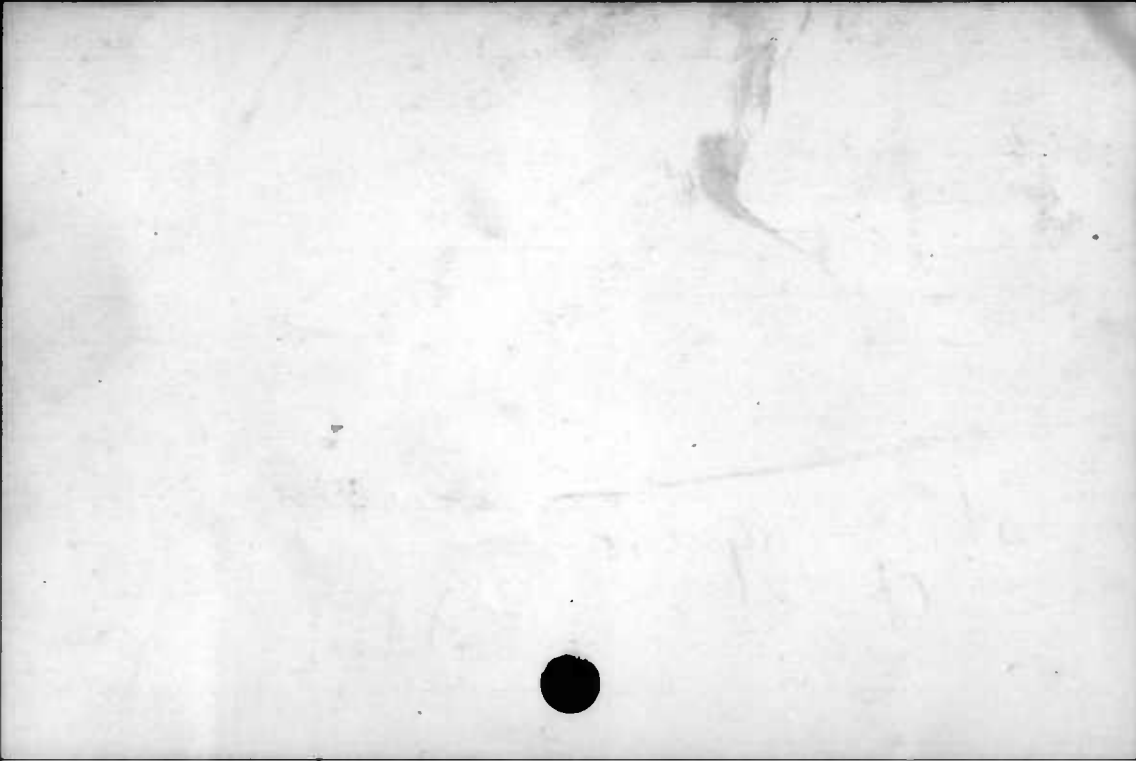
Primary <u>Acute Rheumatism</u>	How long <u>2 weeks -</u>
Immediate <u>Pericarditis</u>	How long <u>48 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. Bennett Lane M.D.</u>
	Address <u>9 St. John St.</u>
	<u>Annapolis, Md.</u>
Accident or Suicide? <u>---</u>	



Name in Full		CERTIFICATE OF DEATH			
Catherine A Musterman		Town Annapolis		County A A	
Died at		Date of death		Age	
		1905 Oct 1		31	
Sex		Color or Race		Birth-place	
Female		White		Annapolis	
Occupation		Where Residing if not at place of death			
Housewife					
Married, Single or Widowed		Name of Wife or Husband			
Married		Andrew H Musterman			
Father's Name		Father's Birthplace		Mother's Birthplace	
H. H. Smith		Va		" "	
Mother's Maiden Name		How related to deceased			
Julia Murphy		Husband			
Name of person giving information					
Andrew H Musterman					
CAUSES OF DEATH					
Primary		How long			
Chronic Parenchymatous Nephritis & Mitral regurg.		3 or 4 yrs.			
Immediate		How long			
Nephritis					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		J Oliver Purvis M.D.			
no		Address			
		Annapolis			
Accident or Suicide?					
		Med			



Name in Full		Lorena M. Nadell.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Eastport. Ind		County a. a. Co		MARYLAND	
	Date of death	1905	Month Oct.	Day 8th	Years Age 20 yrs.	Months 2 mos.	Days
	Sex	Female		Color or Race	white		Birth- place
	Occupation	Housewife		Where Residing if not at place of death		Eastport. Ind.	
	Married, Single or Widowed	Married		Name of Wife or Husband		Harry C. Nadell.	
	Father's Name	George Stewart				Father's Birthplace	Annapolis
	Mother's Maiden Name	Sallie F. Browne				Mother's Birthplace	Baltimore
Name of person giving In formation	Sallie F. Stewart				How related to deceased	Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Shock result of operation				How long	7 1/2
	Immediate	operation				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	J. M. Murphy	
					Address		
Accident or Suicide?							



Name  
in  
Full

Hazelta Rayner

## CERTIFICATE OF DEATH

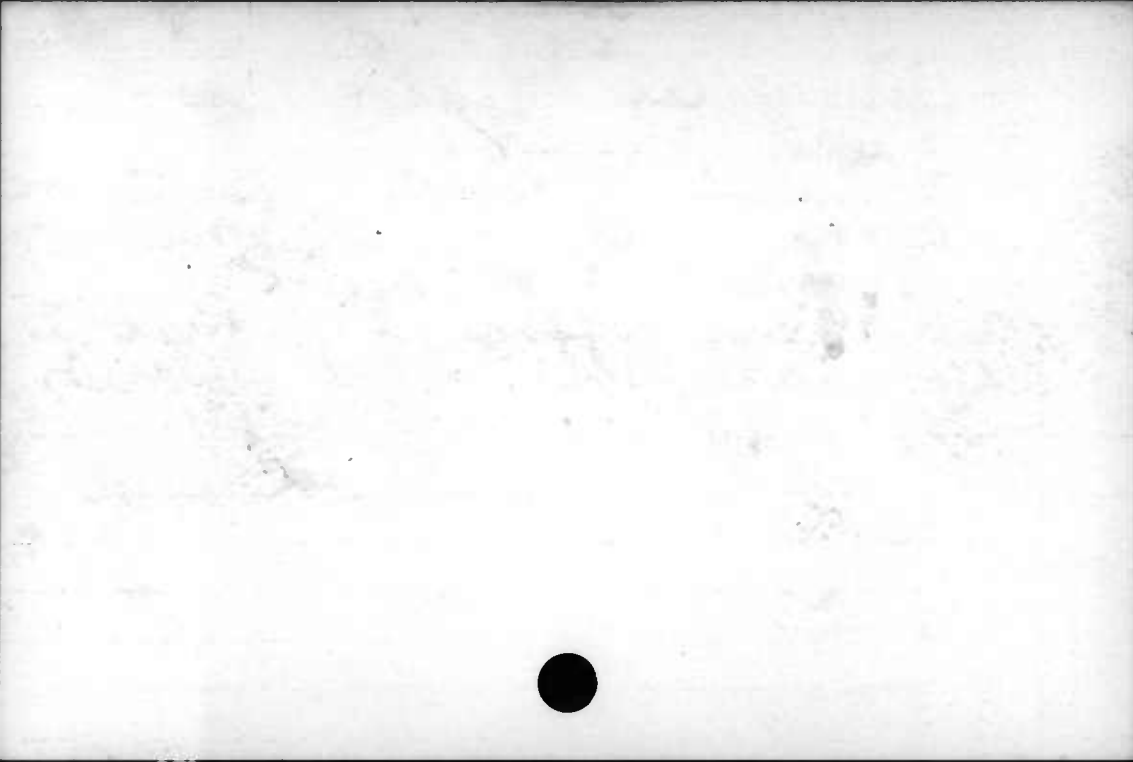
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Annapolis		County Baltimore		MARYLAND	
Date of death		Month Oct	Day 9	Age	Years 8	Months 1	Days 1/2
Sex Female		Color or Race Colored		Birth-place Baltimore			
Occupation Cook		Where Residing if not at place of death St John St					
Married, Single or Widowed Married		Name of Wife or Husband Jacob Rayner					
Father's Name Barney Giffen		Father's Birthplace Balt.					
Mother's Maiden Name Mary Giffen		Mother's Birthplace Balt.					
Name of person giving information James Crow		How related to deceased Grand Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis	How long How long	20 Months
Immediate	Thrombosis		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout	
		Address Annapolis	
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

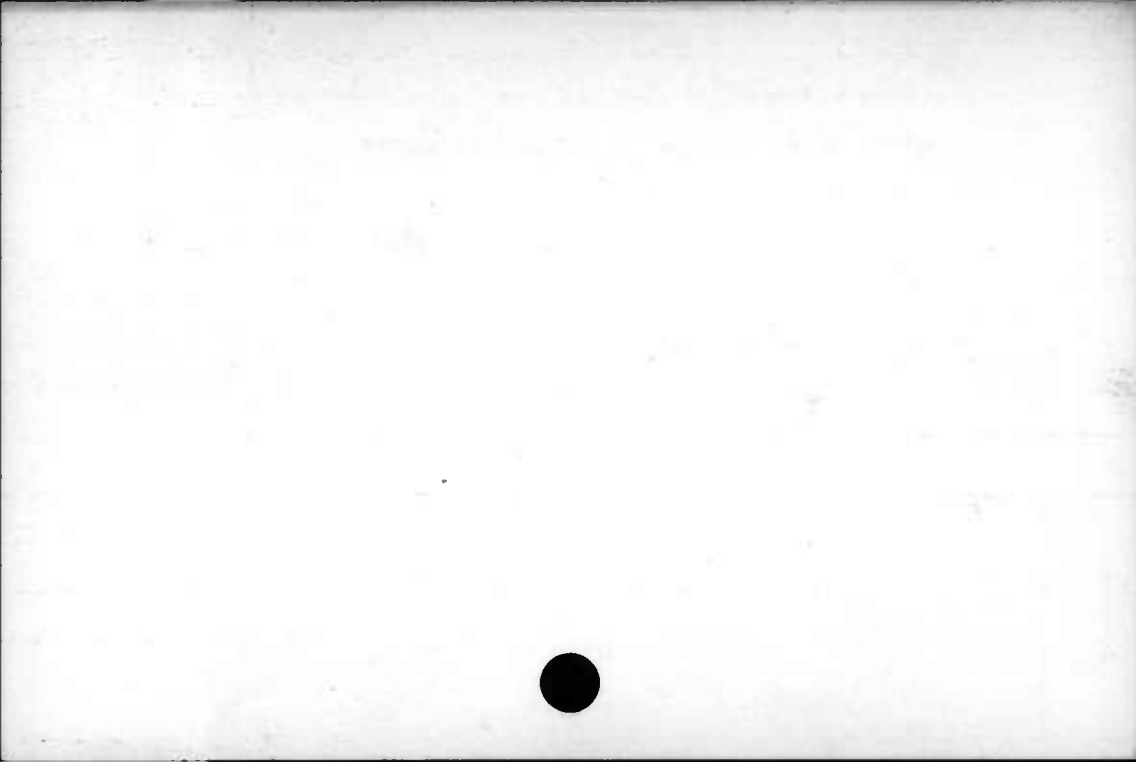
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Thomas C Rice</b>		Town <b>Millersville</b>		County <b>Anne Arundel</b>		State <b>MARYLAND</b>	
Died at <b>Millersville</b>		Month <b>10</b>		Day <b>7</b>		Years <b>46</b>	
Date of death <b>1905</b>		Months		Days			
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Millersville</b>			
Occupation <b>Farmer</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Bessie Rice</b>					
Father's Name <b>Wm Rice</b>		Father's Birthplace <b>Millersville</b>					
Mother's Maiden Name <b>Elizabeth Brown</b>		Mother's Birthplace <b>W.D. Co.</b>					
Name of person giving information <b>John R. Rice</b>		How related to deceased <b>Brother</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Tuberculosis</b>	How long <b>5 years</b>
Immediate <b>Exhaustion</b>	How long <b>a few minutes</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>W.D. Davis M.D.</b>
	Address <b>Millersville Md</b>
Accident or Suicide?	



Name in Full		Certificate of Death			
Robert		Tcwn Annapolis		County Anne Arundel	
Died at		Date of death		Maryland	
1905- Oct		6		Age Still Born	
Sex Female		Color or Race Colored		Birth-place Annapolis	
Occupation		Where Residing if not at place of death		85-Calvert St.	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name Samuel Robert		Father's Birthplace Virginia			
Mother's Maiden Name Nancy Brown		Mother's Birthplace West Virginia			
Name of person giving information Father		How related to deceased			
CAUSES OF DEATH					
Primary		Stillborn G.		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		John Ridout M.D.	
yes.		Address		Annapolis Md	
Accident or Suicide?					



Name  
in  
Full

*Henry R. Ross -*

CERTIFICATE OF DEATH

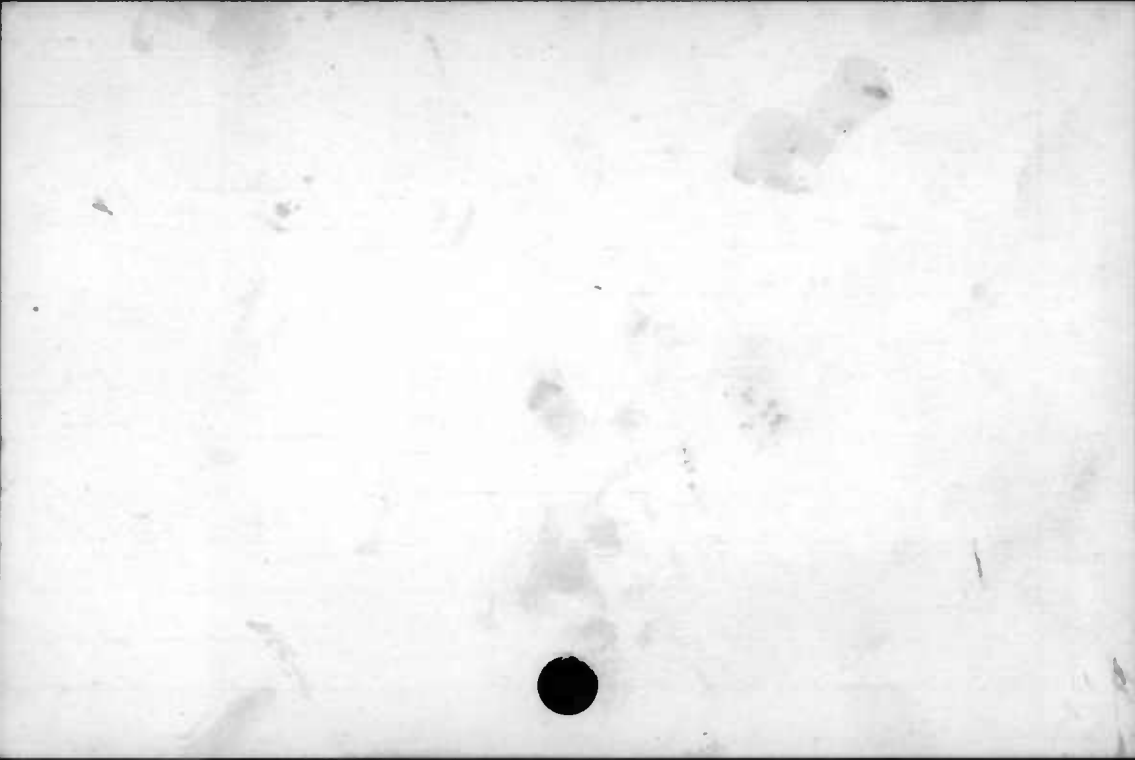
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>Annapolis</i>		MARYLAND	
Date of death	190 <i>2</i>	Month <i>Oct</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>Cal</i>		Birth-place <i>Annapolis</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Matilda Ross</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>Anna Wright</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since Birth</i>
Immediate	<i>Asthenia</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>John Ridout M.D.</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Shady Side* <sup>Town</sup>*AA* <sup>County</sup>Date  
of death *1905* <sup>Month</sup> *Oct**9* <sup>Day</sup>

Age

Years

Months

Days

Sex *Female*Color or  
Race*Colored*Birth-  
place*Md*

Occupation

*None*Where Residing if not  
at place of death*—*Married, Single  
or Widowed*Single*Name of Wife or  
Husband*—*Father's  
Name*Clifford Scott*Father's  
Birthplace*Md*Mother's  
Maiden Name*Estelle Crowner*Mother's  
Birthplace*Md*Name of person giving  
Information*Rachel Crowner*How related  
to deceased*Grand mother*

## CAUSES OF DEATH

Primary

*Enteric Colitis*

How long

*30 days*

Immediate

*Intoxication*

How long

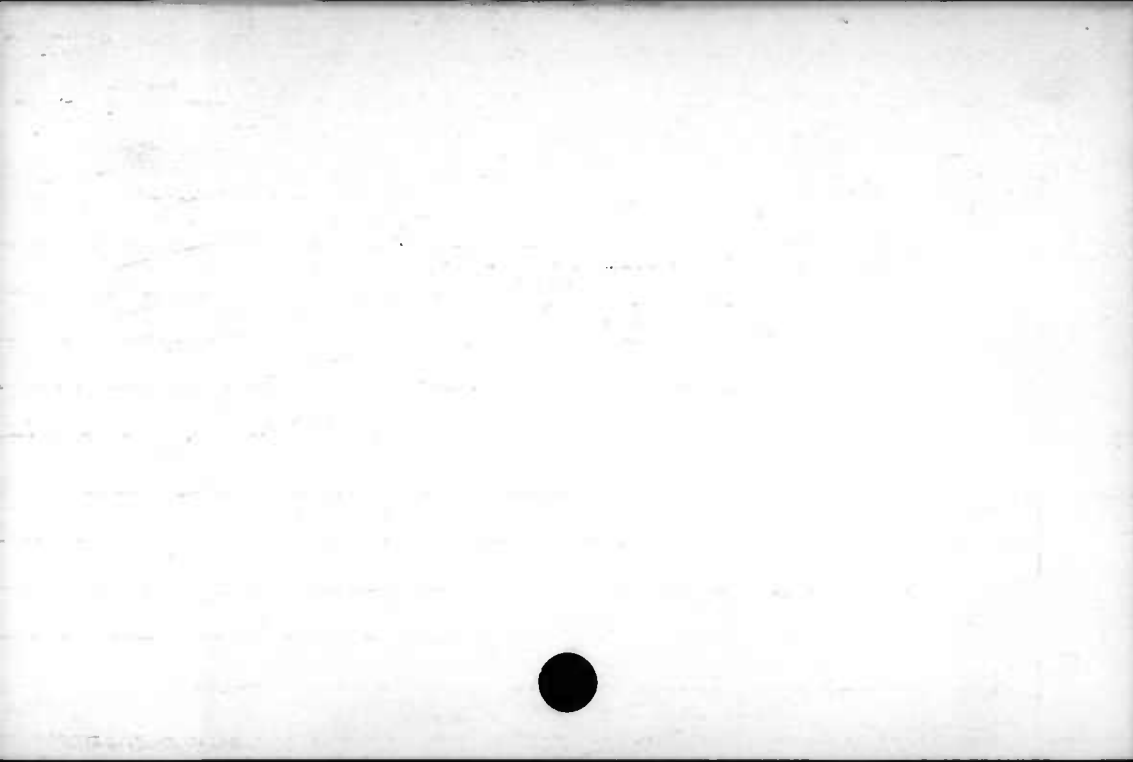
*3 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Gen T Dent  
Churchton*

Accident or Suicide?

*—*





Name in Full

Certificate of Death

Agnes Viola Snowden

Town

County

Died at

Willham

Anne Arundel

MARYLAND

Date

1905

Month

10

Day

4

Y.

M.

D.

6 3

Native of

Maryland

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Cause of

Primary

Phthisis

Death

Immediate

Exhaustion

Mother's

Laura Brauford

How long sick

2 months

Accident, Suicide, Homicide

Reported by

Thos. P. Benson MD

Address

Hanover

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65966



Name  
in  
Full

Steel Barn

Spriggs

## CERTIFICATE OF DEATH

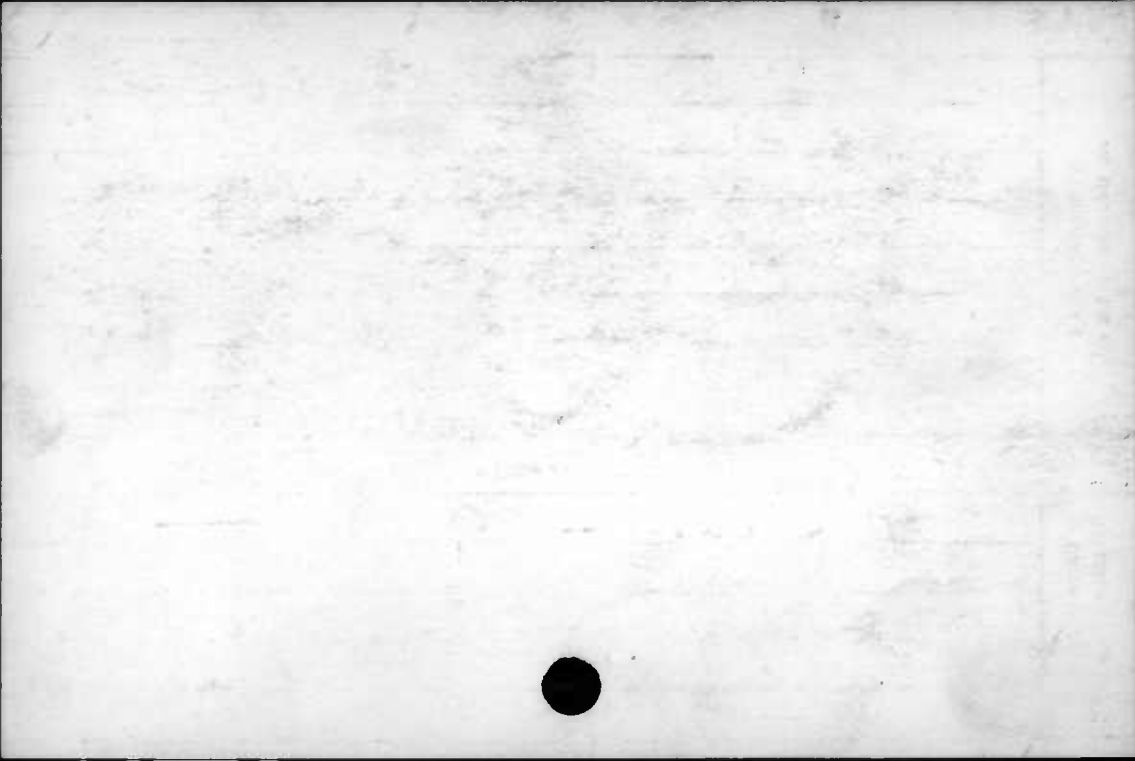
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1905 Oct.</i> <sup>Month</sup>	<i>5th.</i> <sup>Day</sup>	Age	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>
Sex	<i>Male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Annapolis</i>
Occupation	<i>—</i>		Where Residing if not at place of death	<i>12 Clay St</i>	
<del>Married</del> Single or <del>Widowed</del>	Name of Wife or Husband		<i>Hattie C. Spriggs</i>		
Father's Name	<i>John D. Spriggs Jr.</i>			Father's Birthplace	<i>Annapolis Md</i>
Mother's Maiden Name	<i>Hattie C. Pinkney</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>John D. Spriggs Jr.</i>			How related to deceased	<i>Father</i>

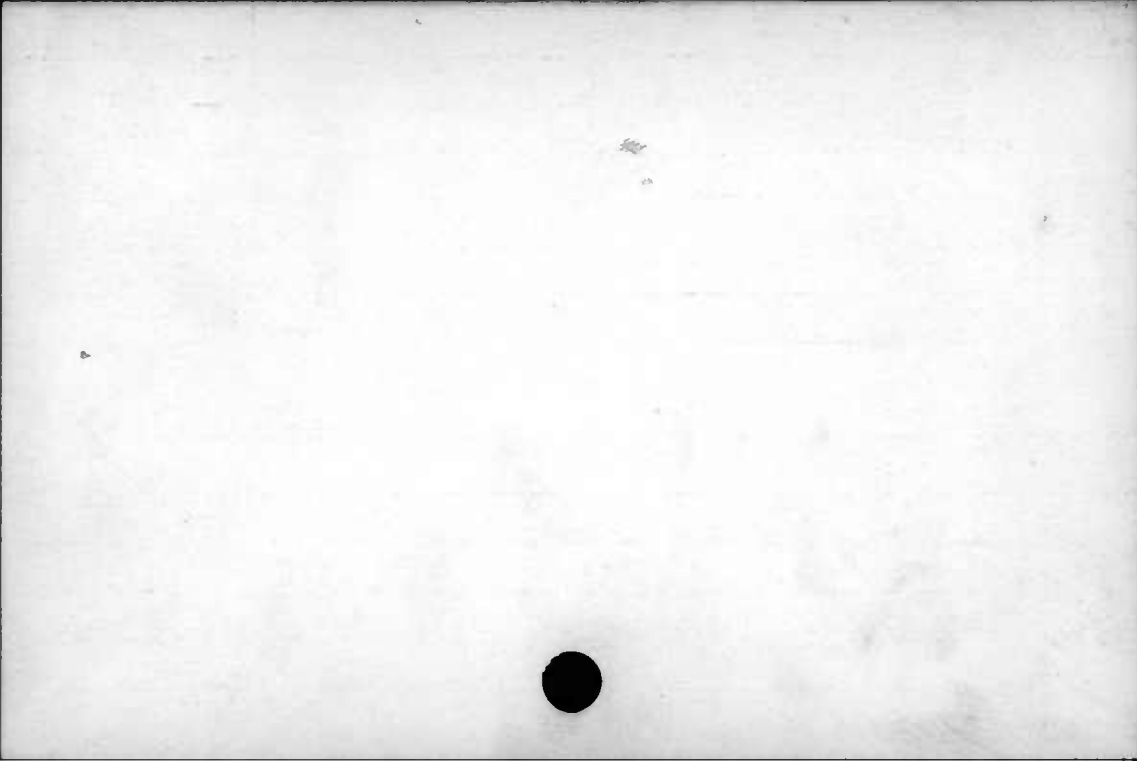
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Steel barn</i>	How long	<i>9.</i>
Immediate	<i>" "</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Louis B. Hunter Jr.</i>
		Address	<i>Annapolis Md</i>
Accident or Suicide?	<i>—</i>		



Name in Full		Hattie Spriggs						CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Annapolis		County Anne Arundel		MARYLAND			
	Date of death		1905 Oct		Day 35		Age 25		Months	Days
	Sex		Female		Color or Race		Colored		Birthplace	
	Occupation		Domestic		Where Residing if not at place of death		12 Clay St.			
	Married, Single or Widowed		Married		Name of Wife or Husband		Geo T Spriggs Jr			
	Father's Name		William Parbury		Father's Birthplace		A.A.Co.			
	Mother's Maiden Name		Julia Wallace		Mother's Birthplace		A.A.Co.			
	Name of person giving information		Geo T Spriggs Jr		How related to deceased		Husband			
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>										
PHYSICIAN OR CORONER	Primary		Parturition				How long		48 hours.	
	Immediate		Heart Failure				How long		One hour.	
	Are the name, age, sex, color, date and place correctly given above?		yes				Signature of Physician		Lewis B. Heukel Jr	
	Accident or Suicide?		no				Address		Annapolis, Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

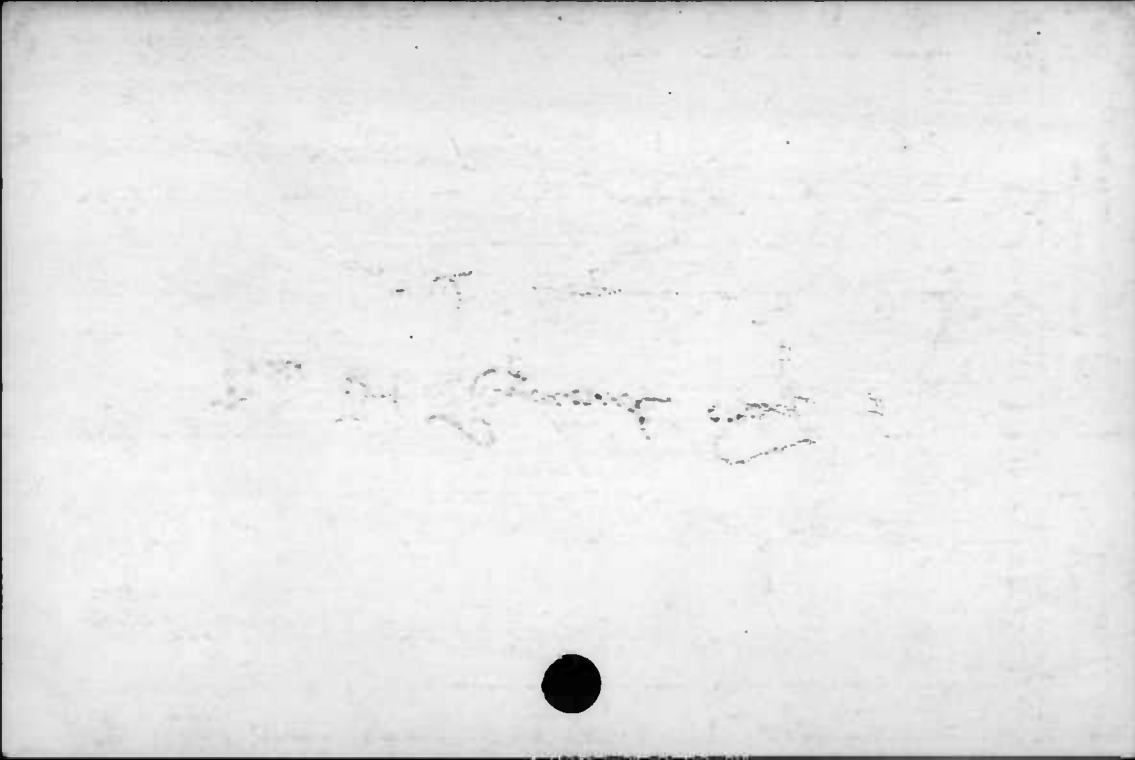
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Rita Stevens.</i>		Town <i>Annapolis</i>		County <i>A. A. Co</i>		MARYLAND									
Died at		Date of death <i>1905</i>		Month <i>Oct</i>		Day <i>9</i>		Age <i>Six</i>		Years		Months		Days	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Annapolis</i>											
Occupation		Where Residing if not at place of death													
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>none</i>													
Father's Name <i>John E. Stevens</i>		Father's Birthplace <i>Maryland</i>													
Mother's Maiden Name <i>Mary A. Gates</i>		Mother's Birthplace <i>Maryland</i>													
Name of person giving information <i>Mrs. Stevens</i>		How related to deceased <i>mother</i>													

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Meningitis</i>		How long <i>36 hours</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Allen Purvis, M.D.</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>no</i>			





Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

An unnamed Male Child (Thompson)

## CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Churchton

County A

Date of death 1905

Month Oct

Day 12

Age

Years —

Months 1

Days 21

Sex Male

Color or  
Race

Colored

Birth-  
place

Md

Occupation

none

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Louis Thompson

Father's  
Birthplace

Md

Mother's  
Maiden Name

Belle Thompson

Mother's  
Birthplace

Md

Name of person giving  
In formation

Harry Thompson

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Enterocolitis

How long

14 day

Immediate

Convulsions

How long

2 days

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

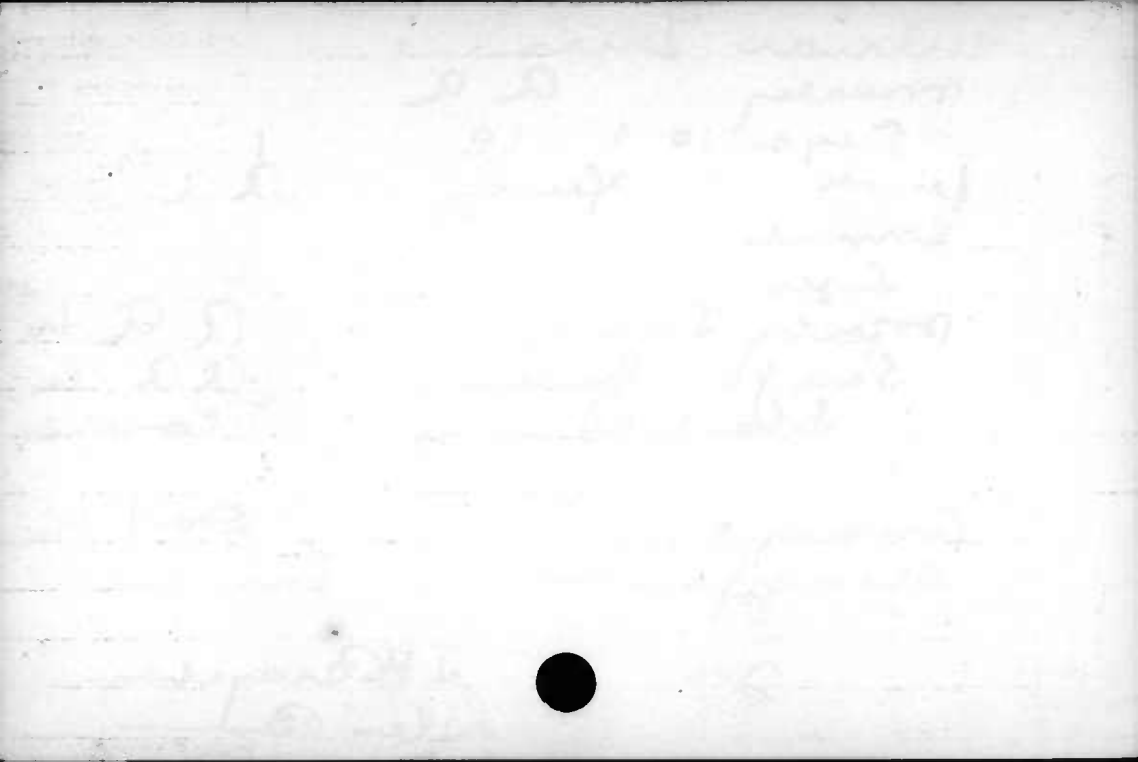
Address

Gest. I. Sub

Churchton, Md

Accident or Suicide?

—



Name  
in  
Full

Bertram Turner

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Mary

A A

Date

Month

Day

Years

Months

Days

of death

1905 Apr

10 1

Age 19

1

Sex

female

Color or  
Race

afican

Birth-  
place

A A

Occupation

Serrant

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

A A

Father's  
Name

Dorsey Turner

Father's  
Birthplace

A A G

Mother's  
Maiden Name

Sarah Jane Turner

Mother's  
Birthplace

A A G

Name of person giving  
In formation

Edith Turner

How related  
to deceased

Cousin

## CAUSES OF DEATH

Primary

Consumption

How long

20th/1905

Immediate

Heart Failure

How long

one hour

Are the name, age, sex, color, date  
and place\* correctly given above?

25

Signature of  
Physician

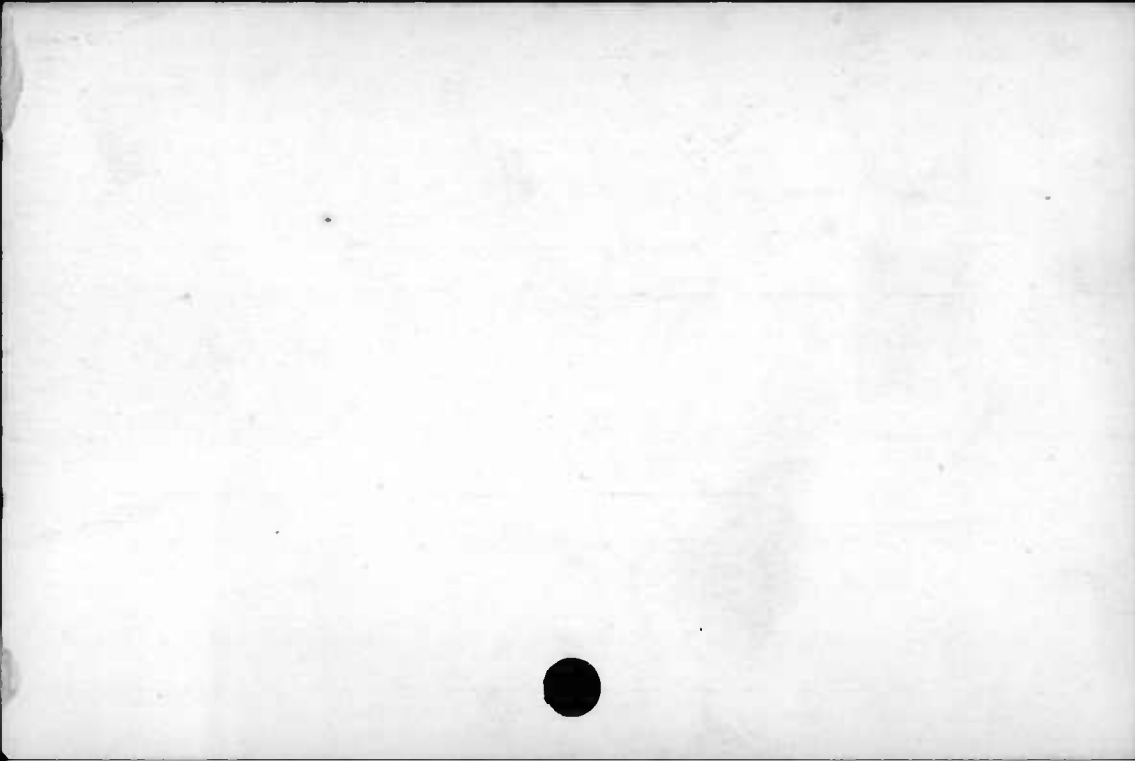
Address

I H Grayham

Islen Turner

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Georgiana Malmsey

Town

County

Died at

MARYLAND

Date 1905

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1905

Oct. 25

Age

57

Married

Housekeeper

Male  
FemaleWhite  
ColoredMarried  
SingleWidow  
Widowed

Divorced

Number of children living

One

Husband of

Wife

Father's Name

James League

Mother's Name

Margery League

Cause of

Primary

Congestion of Brain

How long sick

Several days

Death

Immediate

with paralysis

Accident, Suicide, Homicide

Reported by

Sam. H. Anderson M. D.

Address

Woodwardville

H. D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Edith Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Churchton <sup>Town</sup> H. A. <sup>County</sup>

Date of death 1905 <sup>Month</sup> Oct <sup>Day</sup> 28 <sup>Years</sup> 19 <sup>Months</sup> — <sup>Days</sup> —

Sex Female Color or Race White Birth-place Ind

Occupation Housewife Where Residing if not at place of death Friendship Ind

Married, Single or Widowed Married Name of Wife Luther Ward Husband

Father's Name John W. Parks Father's Birthplace Ind

Mother's Maiden Name Josephine Edgar Mother's Birthplace Ind

Name of person giving information Josephine Parks <sup>164</sup> How related to deceased Mother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

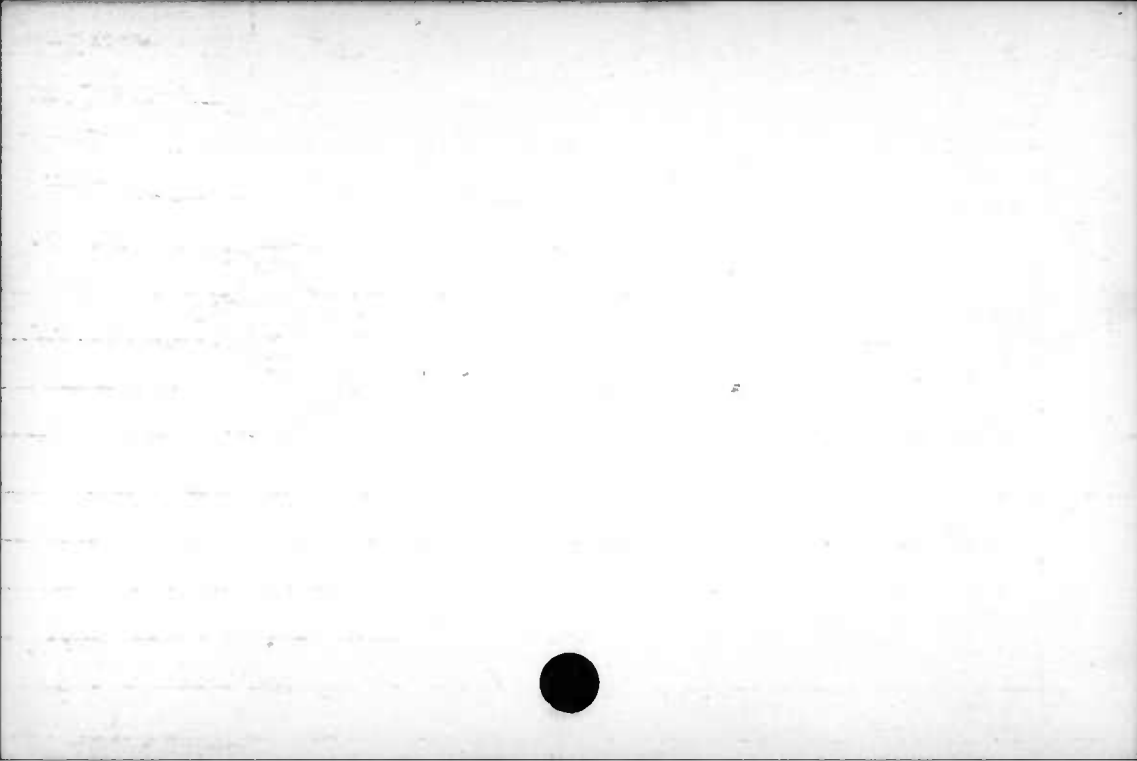
Primary Burned by Coal Oil explosion How long 50 days

Immediate Septicemia How long one week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Geo. T. Smith

Address Churchton

Accident or Suicide? —





Name  
in  
Full

## CERTIFICATE OF DEATH

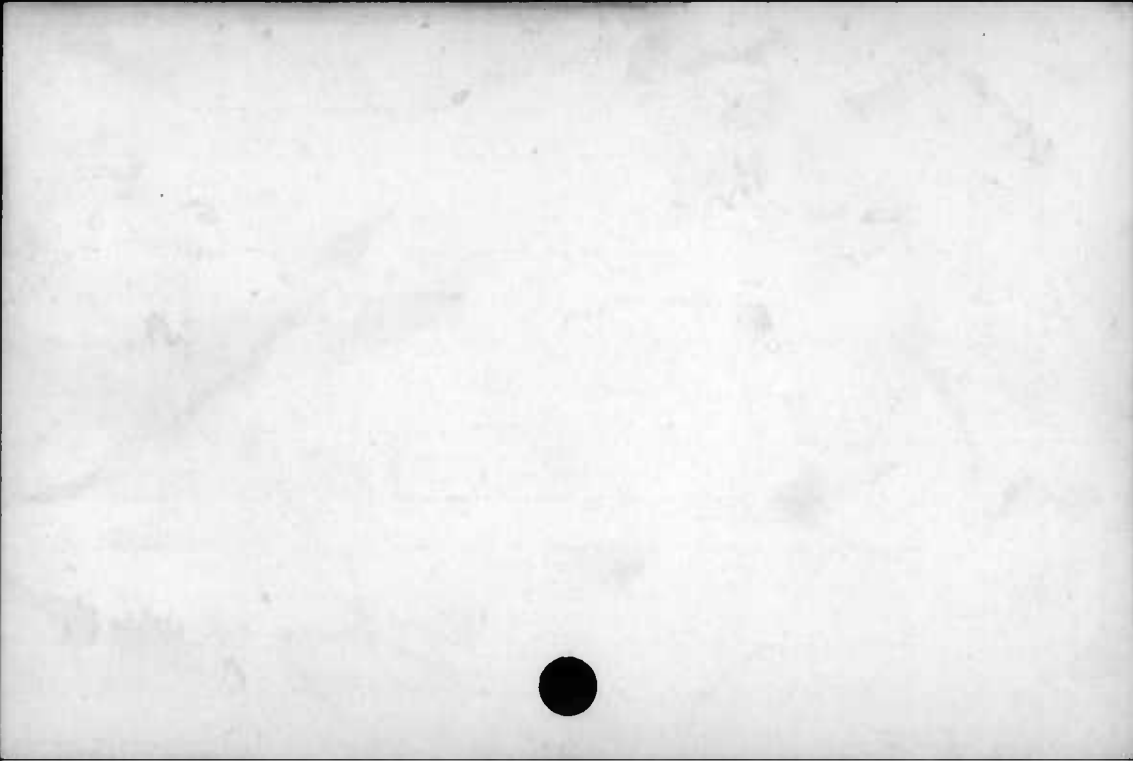
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Germanstown</u> Town		County <u>a a</u>		MARYLAND	
Date of death	1905	Month <u>Oct</u>	Day <u>10</u>	Age <u>10</u> Years	Months <u>3</u> Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>New York</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Charles E. Weiss</u>		(64)		Father's Birthplace <u>Brockton, Ky</u>	
Mother's Maiden Name <u>Mary Key</u>				Mother's Birthplace <u>Shannon, Ky</u>	
Name of person giving information <u>Mary Stewart</u>		How related to deceased <u>Mother</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Cerebro-spinal Meningitis</u>	How long <u>From Aug. 26 to date of death.</u>
Immediate <u>Coma + asthenia</u>	How long <u>during illness</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes.</u>	Signature of Physician <u>F. H. Thompson M.D.</u>
<u>Accident or Suicide?</u>	Address <u>—</u>



Name  
in  
Full

Elmore Woods

## CERTIFICATE OF DEATH

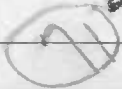
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Eastport</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1901</i>	Month <i>Oct</i>	Day <i>22<sup>d</sup></i>	Age <i>—</i>	Months <i>—</i>	Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Eastport</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robt. H. Woods</i>			Father's Birthplace <i>S. B. A. C.</i>		
Mother's Maiden Name <i>Ann R. Collister</i>			Mother's Birthplace <i>do do</i>		
Name of person giving information <i>R. H. Woods</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

*Spasm*  
How long *1 Week*  
How long

PHYSICIAN  
OR CORONER

Primary		How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>Mrs. Anna Benson</i>
		Address <i>Midwife Eastport</i>
Accident or Suicide?		

